**Fit For Life**

Thank you for your interest in joining the Fit For Life program at the Activities and Recreation Center (ARC) and making a step to improve your overall health and well-being. As individuals mature into later stages in life, it is important to remain active, not only physically, but mentally and socially as well. The Fit for Life Program offers many outlets to physical and social gatherings in hopes of keeping the UC-Davis community active and engaged.

Please take a couple of minutes to complete the following paperwork which is required to enroll in the program.

* Wellness History Questionnaire
* Pre-Participation Screening
* Medical Clearance (If needed)
* Waiver of Liability/Informed Consent form
* Program Policy

## When all documents have been completed (including the medical clearance form if needed), please be sure to bring your completed paperwork with you to this appointment. If you are brand new to the program, please contact Eric Chen via e-mail at erwchen@ucdavis.edu to schedule a consultation appointment.

## Once you have been cleared off, you can then purchase the Fit For Life pass at the ARC membership desk or from this link.

The Fitness & Wellness Unit is excited to provide a program such as Fit For Life to the UC-Davis community and hope you will enjoy being a member of this invaluable program. If you have any further questions, comments or concerns, please contact Eric Chen at erwchen@ucdavis.edu.

Thank you for your interest and I look forward to meeting you.

Sincerely,

Eric Chen

Eric Chen

Living Well Coordinator

University of California-Davis

Campus Recreation

Phone: 530.754.9717

Email: [erwchen@ucdavis.edu](mailto:erwchen@ucdavis.edu)

# Wellness History Questionnaire

# Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age\_\_\_\_\_\_\_\_\_\_\_ Gender: □ Male □ Female □ Other Gender Identity \_\_\_\_\_\_\_\_\_ Pronouns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently involved in regular endurance (cardiovascular) exercise?

□ Yes □ No If yes, please specify the type of exercise: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ minutes/day \_\_\_\_\_\_\_days/week

Rate your perception of the exertion of your exercise program (check the box)

□ Light □ Fairly light □ Somewhat hard □ Hard

1. What other exercise routines, sports, or recreational activities have you participated in?

In the past 6 months? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the past 5 years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What types of exercise interest you?

□ Walking/Hiking □ Rowing □ Strength Training

□ Running/Jogging □ Stair Climbing □ Yoga/Pilates

□ Biking/Cycling □ Elliptical Striding □ Other activities:

□ Dancing □ Swimming \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you want to achieve from participating in the program?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# Pre-Participation Screening Questionnaire

***American College of Sports Medicine***

Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name Phone ( )

Are you taking any medications, supplements, or drugs? If so, please list medication, dose, and reason.

Does your physician know you are participating in this exercise program? □ Yes □ No

**When answering the following questions, note the following definitions:**

Moderate intensity: An activity that causes notable increases in breathing and heart rate. Ex., brisk walking

Vigorous intensity: An activity that causes substantial increases in breathing and heart rate. Ex., jogging

Over the last three months, have you regularly participated in some form of physical activity for at least 30 minutes, three days/week at a **moderate** intensity? □ Yes □ No

**If yes**, which best describes any vigorous intensity activity in the last 3 months?

□ I participate in some or all vigorous intensity activity

. □ None, but I want to begin some vigorous intensity activity

□ None, and I want to continue moderate intensity activity



“I have read, understood, and completed the following questionnaires. Any questions I had were answered to my full satisfaction. Also, if my health status changes at any time, I understand that I am responsible to inform a staff member at this facility of such changes.”

Name (printed)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_

# Medical Clearance Form

Medical Clearance is needed for participant if any of following are checked:

□ Inactive and checked at least one item in either Medical conditions or Signs or Symptoms

□ Active and checked at least one item in Medical Conditions, and wants to begin vigorous intensity activity

□ Active and checked at least one item in Signs or Symptoms

Dear Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your patient \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ would like to begin the Fit for Life program with the Activities and Recreation Center (ARC), University of California Davis. After reviewing his/her response to our health-screening questionnaire (PAR-Q), we would appreciate your medical opinion and recommendations concerning his/her participation in physical activity. Please provide the following information and return this form to the patient.

The activities/classes will involve the following:

* Aerobic exercise
  + Intensity – mild to moderate (60%-90% VO2 max)
  + Frequency – 2-4 times per week
  + Duration – 20-40 minutes per session
  + Modes – walking, jogging, swimming, stepping, cycling, aerobic dance, et al.
* Anaerobic exercise
  + Intensity – moderate to high (70%-80%, 1 rep max); 6-12 repetitions per set
  + Frequency – 2-3 times per week
  + Duration – 30-60 minutes per session
  + Modes – resistance machines & free weight
* Flexibility exercises – 20-40 seconds of static stretching to increase ROM about joints

If your patient is taking medications that will affect their heart rate response to exercise, please indicate the manner of the effect (raises, lowers, or has no effect):

Type of medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effect \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Physician signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone/Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your assistance.

For more information about the Living Well Programs, please contact Eric Chen, Living Well Coordinator

(530) 754-9717 or [erwchen@ucdavis.edu](mailto:erwchen@ucdavis.edu)

UNIVERSITY OF CALIFORNIA, DAVIS

Campus Recreation Programs & Services

**Waiver of Liability, Assumption of Risk, and Indemnity Agreement**

**Waiver**: In consideration of being permitted to participate in any way in Campus Recreation Programs & Services hereinafter called "The Activity", I, for myself, my heirs, personal representatives or assigns, **do hereby** **release, waive, discharge, and covenant not to sue** The Regents of the University of California, its officers, employees, and agents from liability **from any and all claims including the negligence of** **The Regents of the University of California, its officers, employees and agents,** resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in The Activity.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

**Assumption of Risks:** Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**I have read the previous paragraphs and I know, understand, and appreciate these and** **other risks that are inherent** in The Activity. I hereby **assert that my participation is voluntary and** **that I knowingly assume all such risks.**

**Indemnification and Hold Harmless:** I also agree to INDEMNIFY AND HOLD The Regents of the University of California HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred. **:** The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **understand that I am giving up substantial** **rights, including my right to sue**. I acknowledge that I am signing the agreement freely and voluntarily, and **intend by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant Date

# Fit For Life Program Policies

***PROGRAM POLICIES:***

* Members must abide by UC Davis Code of Conduct and Principles of Community
* Campus Recreation staff reserves the right to implement any rules or guidelines that protect the health, safety, and well-being of the facility and its members.
* Proper face coverings must be worn within Campus Recreation facilities
* Respect all participants and instructors
* Feedback is always welcome but should be directed towards our Living Well Coordinator

Members that deliberately or routinely break policy will be required to provide their information (name and ID number or ID card) to Campus Recreation staff. Policy violations will be reviewed by Campus Recreation administration. Appropriate disciplinary actions, including a verbal warning, removal from ARC, restricted use of facilities or and loss of membership privileges is at the discretion of the administration.

***STATEMENT OF RECOGNITION:*** “I have read all of the above policies and by signing this document agree to each policy without exception.”

